

death and injury in that city between 1983 and 1993;

Whereas Safe Night involved over 10,000 Wisconsin participants and included 100 individual Safe Nights throughout Wisconsin in 1996;

Whereas Safe Night has been credited as a factor in reducing the teenage homicide rate in Milwaukee by 60 percent in just the first 3 years of the program.

Whereas Wisconsin Public Television, the Public Broadcasting Service, Black Entertainment Television, the National Latino Children's Institute, the National Civics League, 100 Black Men of America, the Resolving Conflict Creatively Center and Educators for Social Responsibility, the Boys and Girls Club of America, the Community Anti-Drug Coalitions of America, the National 4-H Youth Council, Public Television Outreach, and the American Academy of Pediatrics have joined with Safe Night USA to lead this major violence prevention initiative;

Whereas community leaders, including parents, teachers, doctors, religious officials, and business leaders, will enter into partnership with youth to foster a drug-free and violence-free environment on June 5, 1999;

Whereas this partnership combines stress and anger management programs with dances, talent shows, sporting events, and other recreational activities, operating on only 3 basic rules: no weapons, no alcohol, and no arguments.

Whereas Safe Night USA helps youth avoid the most common factors that precede acts of violence, provides children with the tools to resolve conflict and manage anger without violence, encourages communities to work together to identify key issues affecting teenagers, and creates local partnerships with you that will continue beyond the expiration of the project; and

Whereas June 5, 1999, will witness over 10,000 local Safe Night activities joined together in one nationwide effort to combat youth violence and substance abuse: Now, therefore, be it

Resolved,

SECTION 1. DESIGNATION.

The Senate—

(1) designates June 5, 1999 as "Safe Night USA"; and

(2) requests that the President issue a proclamation calling on the people of the United States to observe the day with appropriate ceremonies and activities.

SEC. 2. TRANSMITTAL OF RESOLUTION

The Senate directs the Secretary of the Senate to transmit an enrolled copy of this resolution to Safe Night USA.

FEDERAL PRISONER HEALTH CARE COPAYMENT ACT OF 1999

Mr. HUTCHINSON. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 97, S. 704.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report.

The legislative clerk read as follows:

A bill (S. 704) to amend title 18, United States Code, to combat the over-utilization of prison health care services and control rising prisoner health care costs.

The Senate proceeded to consider the bill which had been reported from the Committee on the Judiciary, with an

amendment to strike all after the enacting clause and inserting in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Federal Prisoner Health Care Copayment Act of 1999".

SEC. 2. HEALTH CARE FEES FOR PRISONERS IN FEDERAL INSTITUTIONS.

(a) *IN GENERAL.*—Chapter 303 of title 18, United States Code, is amended by adding at the end the following:

"§4048. Fees for health care services for prisoners"

"(a) *DEFINITIONS.*—In this section—

"(1) the term 'account' means the trust fund account (or institutional equivalent) of a prisoner;

"(2) the term 'Director' means the Director of the Bureau of Prisons;

"(3) the term 'health care provider' means any person who is—

"(A) authorized by the Director to provide health care services; and

"(B) operating within the scope of such authorization;

"(4) the term 'health care visit' means a visit, as determined by the Director, by a prisoner to an institutional or noninstitutional health care provider; and

"(5) the term 'prisoner' means—

"(A) any individual who is incarcerated in an institution under the jurisdiction of the Bureau of Prisons; or

"(B) any other individual, as designated by the Director, who has been charged with or convicted of an offense against the United States.

"(b) *FEES FOR HEALTH CARE SERVICES.*—

"(1) *IN GENERAL.*—The Director, in accordance with this section and with such regulations as the Director shall promulgate to carry out this section, may assess and collect a fee for health care services provided in connection with each health care visit requested by a prisoner.

"(2) *EXCLUSION.*—The Director may not assess or collect a fee under this section for preventative health care services, as determined by the Director.

"(c) *PERSONS SUBJECT TO FEE.*—Each fee assessed under this section shall be collected by the Director from the account of—

"(1) the prisoner receiving health care services in connection with a health care visit described in subsection (b)(1); or

"(2) in the case of health care services provided in connection with a health care visit described in subsection (b)(1) that results from an injury inflicted on a prisoner by another prisoner, the prisoner who inflicted the injury, as determined by the Director.

"(d) *AMOUNT OF FEE.*—Any fee assessed and collected under this section shall be in an amount of not less than \$2.

"(e) *NO CONSENT REQUIRED.*—Notwithstanding any other provision of law, the consent of a prisoner shall not be required for the collection of a fee from the account of the prisoner under this section.

"(f) *NO REFUSAL OF TREATMENT FOR FINANCIAL REASONS.*—Nothing in this section may be construed to permit any refusal of treatment to a prisoner on the basis that—

"(1) the account of the prisoner is insolvent; or

"(2) the prisoner is otherwise unable to pay a fee assessed under this section.

"(g) *USE OF AMOUNTS.*—

"(1) *RESTITUTION TO SPECIFIC VICTIMS.*—Amounts collected by the Director under this section from a prisoner subject to an order of restitution issued pursuant to section 3663 or 3663A shall be paid to victims in accordance with the order of restitution.

"(2) *ALLOCATION OF OTHER AMOUNTS.*—Of amounts collected by the Director under this

section from prisoners not subject to an order of restitution issued pursuant to section 3663 or 3663A—

"(A) 75 percent shall be deposited in the Crime Victims Fund established under section 1402 of the Victims of Crime Act of 1984 (42 U.S.C. 10601); and

"(B) 25 percent shall be available to the Attorney General for administrative expenses incurred in carrying out this section.

"(h) *REPORTS TO CONGRESS.*—Not later than 2 years after the date of enactment of the Federal Prisoner Copayment Act of 1999, and annually thereafter, the Director shall submit to Congress a report, which shall include—

"(1) a description of the amounts collected under this section during the preceding 24-month period; and

"(2) an analysis of the effects of the implementation of this section, if any, on the nature and extent of health care visits by prisoners."

(b) *CLERICAL AMENDMENT.*—The analysis for chapter 303 of title 18, United States Code, is amended by adding at the end the following:

"4048. Fees for health care services for prisoners."

SEC. 3. HEALTH CARE FEES FOR FEDERAL PRISONERS IN NON-FEDERAL INSTITUTIONS.

Section 4013 of title 18, United States Code, is amended by adding at the end the following:

"(c) *HEALTH CARE FEES FOR FEDERAL PRISONERS IN NON-FEDERAL INSTITUTIONS.*—

"(1) *IN GENERAL.*—Notwithstanding amounts paid under subsection (a)(3), a State or local government may assess and collect a reasonable fee from the trust fund account (or institutional equivalent) of a Federal prisoner for health care services, if—

"(A) the prisoner is confined in a non-Federal institution pursuant to an agreement between the Federal Government and the State or local government;

"(B) the fee—

"(i) is authorized under State law; and

"(ii) does not exceed the amount collected from State or local prisoners for the same services; and

"(C) the services—

"(i) are provided within or outside of the institution by a person who is licensed or certified under State law to provide health care services and who is operating within the scope of such license;

"(ii) are provided at the request of the prisoner; and

"(iii) are not preventative health care services.

"(2) *NO REFUSAL OF TREATMENT FOR FINANCIAL REASONS.*—Nothing in this subsection may be construed to permit any refusal of treatment to a prisoner on the basis that—

"(A) the account of the prisoner is insolvent; or

"(B) the prisoner is otherwise unable to pay a fee assessed under this subsection."

AMENDMENT NO. 538

(Purpose: To clarify certain provisions)

Mr. HUTCHINSON. Mr. President, Senator LEAHY has an amendment at the desk, and I ask for its consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Arkansas (Mr. HUTCHINSON), for Mr. LEAHY, proposes an amendment numbered 538.

Mr. HUTCHINSON. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

On page 8, strike lines 1 through 3 and insert the following:

“(4) the term ‘health care visit’—

“(A) means a visit, as determined by the Director, initiated by a prisoner to an institutional or noninstitutional health care provider; and

“(B) does not include a visit initiated by a prisoner—

“(i) pursuant to a staff referral; or

“(ii) to obtain staff-approved follow-up treatment for a chronic condition;

On page 8, line 20, after “services” insert “, emergency services, prenatal care, diagnosis or treatment of contagious diseases, mental health care, or substance abuse treatment”.

On page 10, line 16, strike “2 years” and insert “1 year”.

On page 10, line 21, strike “24-month” and insert “12-month”.

On page 12, strike lines 6 through 9 and insert the following:

“(ii) constitute a health care visit within the meaning of section 4048(a)(4) of this title; and

“(iii) are not preventative health care services, emergency services, prenatal care, diagnosis or treatment of contagious diseases, mental health care, or substance abuse treatment.”

Mr. LEAHY. I want to thank Senator JOHNSON for his leadership on this matter and for bringing this matter to my attention. Vermont does not have a copayment requirement for prisoners' health care so the problems that his Marshal had brought to his attention last year, were not matters that had arisen in Vermont.

I also want to thank those at the Department of Justice who have made suggestions to improve the proposals on this subject over the last couple of years. I am glad the I have been able to contribute constructively to that process of improvement over the past weeks and again today.

A most important part of this bill is its protection against prisoners being refused treatment based on an inability to pay. I am glad to see my suggestion that the protection of section 2(f) in this regard be included in section 3 of the bill, as well, be incorporated in the substitute amendment accepted by the Judiciary Committee and reported to the Senate. I thank the Department of Justice for having included this suggestion in its recent April 27 letter.

Today we make additional improvements to the bill to ensure that it can serve the purposes for which it is intended. In particular, I have suggested language to make clear that since the goal of the bill is to deter prisoners from seeking unnecessary health care, copayment requirements should not apply to prisoner health care visits initiated and approved by custodial staff, including staff referrals and staff-approved follow-up treatment for a chronic condition. In addition, the amendments I have suggested adds to those health care visits excluded from the copayment requirement visits for emergency services, perinatal care, diagnosis or treatment of contagious dis-

eases, mental health care and substance abuse treatment. Like preventative care, all these types of health care for prisoners should be encouraged and not discouraged by a copayment requirement. It would be harmful to custodial staff and detrimental the long term interests of the public to create artificial barriers to these health care services.

Finally, I have suggested that we review this new program and its impact next year rather than delaying evaluation for the 2-year period initially provided by the bill. The bill constitutes a shift in federal corrections and custodial policy and it is appropriate that the impact of these changes be evaluated promptly and adjusted as need be.

I continue to be concerned that we are imposing an administrative burden on the Bureau of Prisons greatly in excess of any benefit the bill may achieve. I wonder about alternatives to cut down on unnecessary health care visits besides the imposition of fees, many of which may go uncollected. The contemplated \$5 a visit fee for prisoners compensated at a rate as low as 11 cents an hour seems excessive, but that is how the BOP wishes to proceed.

I also fear that the effort will lead to extensive litigation to sort out what it means and how it is implemented. As we impose duties and limitations on correctional authorities, that is one of the consequences of such duties.

I will be interested to see whether funds end up being received by victims of crime either with respect to restitution orders or by the Victims of Crime Fund through the elaborate mechanisms created by this legislation. I hope that victims will benefit from its enactment as opposed to experiencing another false promise. In this regard, I wonder why there is no benefit to victims from the fees collected from federal prisoners held in nonfederal institutions. If our policy is to benefit victims, the ownership of the facility ought not deter that policy. Surely the copayment fee is not designed as payment for the health care treatment itself or even payment for the administrative overhead of the system.

Despite my concerns, this bill does have the support of the BOP and U.S. Marshals Service. Just as I facilitated the bill being reported from this Committee, today I am acting to allow the Senate to pass an improved version of the bill.

Mr. HUTCHINSON. Mr. President, I ask unanimous consent that the amendment be agreed to, the committee substitute be agreed to, the bill read a third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill appear in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill was read the third time.

The bill (S. 704), as amended, was passed.

(The bill will be printed in a future edition of the RECORD.)

REFERRAL OF S. 438

Mr. HUTCHINSON. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be discharged from further consideration of S. 438, “To provide for the settlement of water rights claims of the Chippewa Cree Tribe of the Rocky Boy's Reservation, and for other purposes,” that the measure be referred to the Committee on Indian Affairs and that at such time as the Committee on Indian Affairs reports the measure, it be referred to the Committee on Energy and Natural Resources for a period not to exceed 60 calendar days and that if the Committee on Energy and Natural Resources has not reported the measure prior to the expiration of the 60-calendar-day period, the Energy Committee be discharged from further consideration of the measure and that the measure then be placed on the calendar.

The PRESIDING OFFICER. Without objection, it is so ordered.

RECESS FILING

Mr. HUTCHINSON. Mr. President, I ask unanimous consent that notwithstanding the adjournment of the Senate, committees have from 11 a.m. until 1 p.m. on Wednesday, June 2, in order to file legislative matters.

The PRESIDING OFFICER. Without objection, it is so ordered.

SCHEDULE ANNOUNCEMENT

Mr. HUTCHINSON. Mr. President, for the information of all Senators, the Senate will begin the DOD appropriations bill on Monday, June 7, and hopefully will complete action on that bill by close of business on Tuesday, June 8. In addition, on Monday, it will be the leader's intention to move to proceed to S. 1138, the new compromised Y2K bill on Monday and file a cloture motion on the motion for a cloture vote on Wednesday, June 9.

Also, on Tuesday, June 8, it will be the leader's intention prior to the recess or adjournment that evening to move to proceed to the lockbox issue and file a cloture motion on that matter for a cloture vote on Thursday, June 10. Members who have an interest in the important Social Security savings bill should plan to participate in that debate Tuesday evening and Tuesday night.

Needless to say, when the Senate reconvenes following the Memorial Day recess, there will be a tremendous amount of legislation needing passage by the Senate. Therefore, the leader wishes all Members a safe and restful Memorial Day and looks forward to the